



COLORADO

Department of Health Care
Policy & Financing

MINUTES OF THE MEETING SUMMARY FOR THE ACC Program Improvement Provider & Community Issues Subcommittee

Colorado Department of Public Health and Environment
4300 Cherry Creek South Drive, Building C, Room C1E

October 13, 2016
8:05 a.m. – 9:30 a.m.

1. Introductions

A. In-person Attendees

Anita Rich (CCHAP), Brenda Vonstar, Terri Hurst (CCJRC), Abby Worthen (CDPHE), Greta Klingler (CDPHE), Matthew Lanphier (HCPF), Emily Berry (HCPF), Nicole Konkoly (RMHP), Jamie Haney (MCPN), Alice Gibbs (CCHN), Antoinette Taranto (HCPF)

B. Phone Attendees

Ben Harris (HCPF), Mindy Klowden (JCMH), Heather Brozek (CCHA), Jennifer West (CCCC), Kate Hayes (PPRM), Josh Russ (MFHC), Molly Markert (COA), Kelly Jeff (Next Care), Jenn Dunn (CRHC), Shera Matthews (Doctors Care), Todd Lessley (Salud), Shannon Breitzman, Sophie Thomas (HCPF), Lori Cohn (RMYC), Amy Butzman, Tonya Bruno (Kaiser), Brooke Powers (ClinicNet)

2. Approval of Minutes

Minutes were motioned for approval and were approved as written.

3. Announcements

Anita Rich: There was no PIAC in September. The next PIAC meeting is on October 19, 2016.

Jamie Haney: The Non-Emergent Medical Transportation (NEMT) Workgroup is planning a quarterly meeting time. Linda Skelley and I volunteered to co-chair this workgroup, which is focused on discussing transportation issues for Health First Colorado members and proposing recommendations to bring back to P&CI. If you have agenda items for the next workgroup meeting in early December, or if you would like to participate in the workgroup, email Emily.Berry@state.co.us.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
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Emily Berry: There are a few spaces available for practices to participate in Project ECHO. Project ECHO is a series of video-conference provider trainings on evidence-based treatment protocols for particular conditions. The Department is currently sponsoring two opportunities in the ACC Chronic Pain Disease Management Program for Health First Colorado providers: Chronic Pain ECHO and Buprenorphine/Suboxone Treatment ECHO. For Project ECHO, the practice needs to be a primary care clinic accepting Health First Colorado members and be willing to present only Medicaid cases for review. There is no practice size requirement. The ACC PainNet program is open to all ACC PCMPs.

If interested in participating in ACC PainNet (open to all ACC PCMPs) or Project ECHO (limited), please contact the person listed on the appropriate flyer.

4. Consumer Input/Community Issues/Provider Follow-Up

Molly Markert: There have been some issues with refugees accessing appropriate Medicaid services and needing support with billing. I recommend convening a group of people including CDPHE, CDHS, and HCPF to identify fixes to support refugees on Medicaid. This is not designed to be the task of the subcommittee, but I would like to invite others who are interested to trace problems and solutions for refugees in our community.

Alice Gibbs: This sounds similar to the Immigrant Health Coalition.

Molly Market: It differs in that it will focus only on refugees and it will not be duplicative of the IHC or the Refugee Collaborative. For example, we could work to translate the refugee identifier number directly to a Medicaid number to simplify the Medicaid enrollment process for refugees.

Anita Rich: Molly, please report back on the status of this in the future.

5. Criminal Justice Involved (CJI) Populations

Terri Hurst: One thing that the Colorado Criminal Justice Reform Coalition (CCJRC) looks at are sentencing and parole reforms. Take Care Health Matters connects with health care coverage and care and provides trainings and presentations to interested people who work with CJI populations. There are a variety of barriers – systems, community-level and health literacy. We've trained over 1,000 people in the health care and criminal justice arena. The prison system is very complex, and HCPF is working with people upon release to get enrolled in Health First Colorado (Colorado's Medicaid Program). It's working pretty well and there are many pilot programs taking place, though a challenge is that addresses are not always accurate. It is easier to work with the Department of Corrections (DOC), because the county jail system operates independently.



Community Corrections facilities are a hybrid, and people in community corrections have been recently made eligible for Health First Colorado coverage and the Colorado Indigent Care Program (CICP). There is a Criminal Justice 101 on the Take Care Health Matters website, as well as other information (<http://takecarehealthmatters.org/>). There are approximately 100,000 people in Colorado involved in the criminal justice system every day, and the vast majority have not had access to health insurance before, and may not even know how to make an appointment. There is a very high need for health navigation services. Pilot projects are helping us understand how to best connect and engage with this population.

Brenda Vonstar: Will it reduce recidivism?

Terri Hurst: There is no hard and fast data, but we know that mental health is related to recidivism rates. It's hard to track who is involved in the criminal justice system, because we don't always know who is involved. However, other states have shown that providing behavioral health care reduces recidivism.

Anita Rich: What about kids?

Terri Hurst: We are educating adults about kids being covered. The Division of Youth Corrections has reached out to HCPF to look at how to connect kids in the juvenile justice system.

Matthew Lanphier: What is the breakdown of people involved in the criminal justice system?

Terri Hurst: There are approximately 80,000 people on probation and 19,000 incarcerated in state prisons. County jails are really hard to track.

Anita Rich: What is the reading level?

Terri Hurst: Documents are often written at an 8th grade reading level, which is too high. Our goal is to get out information in as many modes as possible.

Matt Lanphier: What are some policy measures?

Terri Hurst: Some policy measures include: Medicaid reform, rewriting controlled substances act, parole revocations, Senate Bill 124, sentencing reform.

Abby Worthen: Is there any stigma reduction work?

Terri Hurst: We work closely with community-based reentry organizations, and we have resources available on the Take Care Health Matters website.



Mindy Klowden: Question for the Department: Is there any level of insight about what the Department wants to see happen around the RAEs addressing CJI populations?

Ben Harris: The language around CJI population is embedded in the draft RFP.

Anita Rich: What addresses are people using when people get discharged?

Terri Hurst: They are using all of the above: general delivery, homeless shelter, general facility, etc. Sometimes this is why there are issues with attribution to the RCCO. The DOC held a Medicaid summit a few weeks ago to piece out what has been going on.

Ben Harris: There are challenges around enrollment and attribution of this population. Are there challenges with accessing providers or treatment? What happens when the client is discharged? Have any issues come up around records, treatment plan, etc.?

Terri Hurst: Based on meetings I've been involved with, the medical records piece has been a challenge for the jail population in particular. The process may or may not be smooth. This is an issue the DOC is working to address, and they are starting their own electronic health record.

Molly Markert: In working with Adams County, an issue that comes up for providers is a person saying that they need medication, and the provider doesn't have their medical records.

Todd Lessley: If an individual shows up to the clinic, we can evaluate their needs. If they're a brand new patient, we need more information, and the lack of records makes it difficult to provide them with medication.

Terri Hurst: Recently released individuals are given 10 days of physical health medications and 30 days of psychotropic medications. How can there be communication between health providers, so that the provider can see the health record more immediately?

6. Client Engagement Initiative

Antoinette Taranto: This is a very new area in Medicaid. Many private insurers offer an online health and wellness benefit, which is what we're working to provide for Health First Colorado members. We kicked off the pilot in 2015 with the purpose of evaluating interest and engagement. We sent emails to Health First Colorado members in RCCO 6, 7, and Denver County Healthy Communities. We asked questions about what motivates people, and we found that there were many



intrinsic motivators, such as “I want to be around for my kids.” 99% provided positive feedback. The goal of this is to provide resources and support in one place.

In 2016, we moved to the next step. Could we offer them tools and resources to promote positive behaviors? There are many health challenges that are blended with the website provided to people with private insurance. This drives action for rewardable behavior.

There has been a pretty good email response rate so far, and we are tracking who clicks through.

Anita Rich: Can we send information to providers who could nudge them too? We could give instructions that the medical assistant or front desk could give to patients.

Brenda Vonstar: Give members a way to sign up right there in the clinic.

There was a suggestion for creating a QR code.

Abby Worthen: Are other states doing this?

Antoinette Taranto: Not quite. In the past, the Feds had a grant that was more disease management focused. New Mexico is doing something similar through their health plans, but it is not as web heavy.

Anita Rich: It would be interesting to find a way to statistically keep track if found the website through a provider or via literature or an email. You can use the well visit or well-child check to get the dental piece in, via a referral from the provider. How to motivate members to be involved? The providers don’t always know this type of service is available to them.

Antoinette Taranto: Do providers want us to offer this?

Mindy Klowden: At Jefferson County Mental Health, there is a pretty robust wellness program that includes health coaching, wellness classes, and supports. It has made a big difference in making achievable goals. I think it helps to have that at the point of care.

Antoinette Taranto: The website is CaféWell. CaféWell has partnered with a company that does onsite coaching, so it is not all online. We recognize that there are different ways to engage and connect people.

Anita Rich: How quickly does the reward get to members? If it doesn’t come for a month, it’s not a motivator.



Antoinette Taranto: That's great feedback, we need to send out the gift card reward within five days.

Anita Rich: If we know that email works better, how are you sending the gift card?

Antoinette Taranto: That's a great point. We need to speak with grocery stores to see if it possible to do an electronic gift card. When members fill out information online, we ask for their mailing address and state that this is where the gift card will be delivered. We are using this address, not the one used during the initial Health First Colorado application. It is still imperfect, so we'll look into the web coupon option.

Shera Matthews: Even with an incentive, we face challenges with commitment, especially after-hours. We need to do a warm handoff.

Please contact Antoinette.Taranto@state.co.us with ideas, suggestions, more information, or access to a demo version.

7. COMMIT Update

Matt Lanphier: As you are aware, the COMMIT project has been pushed back to March 1, 2017. We will continue with business as usual, so disregard previous deadlines that had been communicated. We will provide communications with new dates as they are updated. The provider trainings for the web portal will be made available online.

We are also continuing to push provider revalidation. This is very important, so continue supporting your networks with revalidation so that they will be paid after March 1, 2017.

Next meeting: November 10, 2016, 8:05 a.m. – 9:30 a.m.
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To get to room C1E, enter Building C on the southeast side (facing Ohio Ave. on the Birch St. side).

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